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Country note**

Senegal

Summary

The Executive Director presents the country note for Senegal for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Senegal has 9.5 million inhabitants, 58 per cent of whom are under the age of 20 and 52 per cent of whom are women. The human development index places it 155th out of 175 countries. Despite strong growth (on average 5 per cent per annum between 1995 and 2000), 58 per cent of households are still living in poverty. Infant-child mortality has dropped significantly over the past 25 years, but it remains high at 143 per 1,000 live births in 1999 and child mortality increased from 77 to 84 per 1,000 between 1993 and 1999. Immunization coverage for diphtheria, whooping cough and tetanus fell from 61 per cent in 1996 to 52 per cent in 1999, with three regions at under 40 per cent. Chronic child malnutrition (18 per cent in 2000), the heavy workload of women and the virtual non-existence of a system of pre-school education constitute major problems for early childhood. The gross school enrolment rate is 68 per cent, with three regions still at under 50 per cent. The gross school enrolment rate for girls increased from 50 per cent in 1995/96 to 63 per cent in 1999/2000, but there is still a 10 per cent gap between girls and boys. Approximately 600,000 children between the ages of 7 and 12 are not enrolled in

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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school. Around 400,000 children are at risk or vulnerable, mainly as victims of the worst forms of work or abuse or affected by a disability, the insecurity in Casamance or HIV/AIDS. Adolescents experience difficulties with social and economic integration and are particularly exposed to sexually transmitted infections, HIV/AIDS and early pregnancy. About three quarters of children do not go on to secondary school, and the opportunities they have for other specialized training are very limited.

2. The maternal mortality rate is 510 per 100,000 live births. Seventy-three per cent of women over the age of 15 are illiterate. Although there are laws against female genital mutilation, women continue to be subjected to rape and domestic violence. Poverty, the erosion of community and family solidarity, and environmental degradation add to the workload borne by women. This programme of cooperation will help to improve the status of women.

3. Political changes are opening up promising prospects for children, since the new authorities have put strong emphasis on the importance of early childhood, education, preventive health, youth, equity, the effectiveness of State interventions, and strengthening the role of communities and civil society. The results of the multiple indicator cluster survey (MICS) will make it possible to refine the analysis of the situation, the strategic choices (target areas and populations) and the formulation of objectives for the new programme.

Lessons learned from past cooperation

4. The targeting of certain priority objectives since the mid-term review has meant that better results have been obtained and a broader partnership secured. However, this attention to objectives should not prejudice the quality of the implementation process, which must be more concerned with sustainability and capacity-building. The humanitarian programme in Casamance has provided useful lessons on priority needs and ways of reaching populations affected by the crisis. The health and education programmes show that the deployment and motivation of personnel are important factors in achieving success and deserve particular attention in future. Making optimal use of the resources allocated for education has enabled the school enrolment rate to be increased from 60 per cent to 68 per cent in three years, underlining the importance of the quality of expenditure. Delays in making budgets available to districts is a constraint which must be removed. The community approach has proved decisive in the eradication of Guinea worm disease (dracunculiasis), scheduled for 2001. Decentralization has provided a favourable framework for achieving children's and women's rights. The local development initiative has shown that equity and universal access are best achieved in defined community geographical areas. Human rights education at the community level has resulted in public statements on the abandonment of female genital mutilation, a strategy to be taken up in the new programme. Inter-agency collaboration has been strengthened, thanks to the United Nations Development Assistance Framework (UNDAF), which has identified poverty alleviation and good governance as priorities. UNICEF is the focal point for the access-to-basic-services component. Partnership with non-governmental organizations (NGOs) has facilitated innovation in the area of the special protection of children. A wide range of collaboration with the private sector has led to promising new approaches for the management and delivery of services.

5. An independent review of the expanded programme on immunization (EPI) coordinated by the World Health Organization, with the BASICS Project of the United States Agency for International Development, the European Union, the *Centers for Disease Control and Prevention* and UNICEF has proposed actions targeting planning and management, the supply of vaccines, logistics and the cold chain, the safety of injections and integrating EPI with the decentralized planning of health services.

Proposed country programme strategy

6. Formulating the strategy was undertaken under the aegis of the Ministry of Planning with the involvement of the central services, decentralized communities, NGOs, civil society, United Nations agencies and bilateral agencies. The programme will contribute to the national vision of a society in which genuine respect for children's and women's rights will be the rule rather than the exception. The strategic framework is the programme to combat poverty, the National Development Plan and UNDAF. The goal is to contribute to national objectives linked to achieving the right of survival, of development, and of protection and participation for children and women. These objectives reflect the medium-term plan priorities and the new global agenda for children, which aims in the long term to provide the youngest children with the best possible start in life, a quality education for all children, and skills development for adolescents.

7. The strategies will be: capacity-building, particularly in relation to communities and families; improving basic social services in heavily populated areas, with a view to increasing access and quality; social communication on human rights; targeting local communities in especially vulnerable areas and areas with broad disparities or in situations of instability, in order better to integrate programmes and help those who are most difficult to reach; preventing situations of vulnerability and preparing for emergency situations; giving special attention to girls and women; broadening the partnership; and systematically taking HIV/AIDS into account. These strategies form part of: (a) continuing efforts to achieve the objectives of the current programme, in which the action of the presidency's follow-up committee will remain decisive; (b) the follow-up to the observations of the Committee on the Rights of the Child; (c) consolidation of the achievements of the sectoral investments and UNDAF programmes. Formulating the country programme will be dependent on the aid coordination mechanisms already in place and will comprise seven parts.

8. The *health and nutrition programme* comes under the national health development plan for 1998-2007, which aims to reduce infant, infant-child and maternal morbidity and mortality. The objectives are to expand immunization coverage to 80 per cent in every region, to help to eradicate poliomyelitis, control measles, eliminate neonatal tetanus, reduce malaria, and improve the reproductive health of women by strengthening obstetric and neonatal care, combating female genital mutilation, sexually transmitted infections and HIV/AIDS and reducing early pregnancies. Emphasis will be placed on revitalizing the health centres, which will reinforce the health posts already set up under the Bamako Initiative, and on promoting integrated care for childhood diseases, especially at the community level. The quality and accessibility of care will be improved. As for nutrition, the programme will contribute to the national objective of reducing the rate of severe

malnutrition by 25 per cent and the rate of moderate malnutrition by 30 per cent and of reducing vitamin A, iodine and iron deficiencies. The integrated nutrition activities package and the community nutrition programme will be strengthened.

9. The *early childhood development programme* will support a national community-based programme aimed at taking care of 35 per cent of children between the ages of three and six by 2006. The programme will also strengthen family knowledge and skills as regards protecting and promoting the development of young children. It will support: the establishment of networks and the promotion of synergy between grass-roots organizations, NGOs, decentralized structures, the private sector and cooperation agencies; and the drawing up of an appropriate curriculum and the development of methods for monitoring/evaluating achievements with regard to children.

10. The *basic-education-for-all programme* comes under the 10-year programme for education and training, the Dakar Declaration of the World Forum on Education, and the vision of children-friendly schools. It will help to increase school enrolment rates for girls from 63 per cent to 78 per cent, reduce the gap between girls and boys and improve quality. At the national level, the programme will support social mobilization, planning and training. Specific actions will be concentrated on about one thousand schools in five regions, which will try out the new curriculum, make general use of the "MLA" (*Monitoring Learning Achieving*) model for assessing the quality and effectiveness of learning, and teach daily life skills, including education for health and prevention of sexually transmitted infections and HIV/AIDS. In these five regions, the programme will contribute to achieving the national objective of reducing illiteracy by 5 per cent per year by targeting girls between the ages of 9 and 18. It will also use other non-conventional approaches, such as recourse to basic community schools and *daaras* (Koranic schools).

11. The *promotion-of-rights-and-protection-of-children-at-risk programme* comes under the national programme to provide support to children at risk. Its aim is to eliminate by 2006 the worst forms of child labour in 10 departments and to improve the legal and social environment and strengthen national capacities in relation to children at risk. The emphasis will be placed on prevention (school enrolment and increasing family incomes), social and psycho-affective rehabilitation, making families and communities accountable, and action-oriented research. At the national level, the programme will support: action to strengthen provisions for special protection, especially law enforcement, in accordance with the Convention on the Rights of the Child; national capacity-building; and social mobilization to combat child abuse and violence.

12. The *programme for the development and participation of adolescents* will help to strengthen their ability to participate in the development of their communities and to become responsible parents and citizens. It will also support: access to specialized training, economic opportunities and leisure activities; respect for human rights, and participation in the management of community structures; and the reduction of risks associated with early pregnancies, sexually transmitted infections and HIV/AIDS. The programme will support the dynamic community movement and will benefit from the World Youth Forum which will take place at Dakar in 2001. It will assist in the implementation of the new national youth policy, making girls a priority target, by taking advantage of the work being carried out with the United Nations Population Fund.

13. The *social planning and policies programme* pursues the following objectives: incorporating children's and women's rights in national and local planning by means of specific objectives and targeted budget allocations; the improvement and use of data relating to implementation of the two Conventions; and the strengthening of national and local capacities in planning, follow-up and evaluation. The programme will help to promote: human rights education aimed at changing behaviour; the harmonization of national legislation with the two Conventions; and the participation of children and women in decisions that concern them. The results of the 20/20 Initiative and other studies will enable the poverty reduction policy to be strengthened within the framework of the debt alleviation initiative.

14. The *integrated programme in Casamance* is aimed at providing relief for the populations affected by the crisis, and creating a favourable climate for peace to return, by improving access to basic social services, protecting people against and making them aware of the existence of mines, and providing special and psychosocial protection. The programme will: expand immunization coverage; combat malaria; prevent sexually transmitted infections and HIV/AIDS; increase consumption of iodized salt; improve hygiene and sanitation; improve the quality of education and the school environment; promote education for peace and conflict resolution techniques; and mobilize for rights in time of conflict.

15. The cross-cutting costs shown below are the support costs for the projects which are necessary for the programme as a whole and which are more easily managed autonomously, such as logistics.

Budget estimate

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	Other resources	Total
Health and nutrition	3 750	9 500	13 250
Early childhood development	1 000	3 000	4 000
Basic education for all	1 500	5 000	6 500
Promotion of the rights and protection of children at risk	1 000	3 000	4 000
Development and participation of adolescents	750	2 500	3 250
Social planning and policies	1 250	750	2 000
Integrated programme in Casamance	600	3 400	4 000
Cross-cutting costs	412	400	812
Total	**10 262**	**27 550**	**37 812**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.